2026 SQUAD™ Community Activation Awards: Application Questions

The deadline for all applications is 11:59 P.M. ET on Sunday, August 30, 2026. All applications must be submitted via our online form.

Before starting your application, please thoroughly read our online Community Activation Award Guidelines.

If you have any questions, accommodation requests, or difficulty submitting your application via our online form, reach out to partnerships@vaccinateyourfamily.org.

Section 1: Organization Information

Note: Community Activation Awards can ONLY be made to organizations, not individuals.

1. Organization Name

2. Organization Type: *Select the option that best fits.*

- Business or Company
- Direct Healthcare or Social Services Provider
- Nonprofit or Non-governmental Organization (NGO)
- School, College, or University
- State or Local Government
- Other

3. Please briefly describe your organization's mission. *Briefly note any work, services/programs, and/or populations served relevant to the scope of this award.*

4. Where does your organization primarily work? *Enter and select your county/city and state.*

5. Please provide a publicly accessible link that verifies this organization. *For example, a link to the organization's website, LinkedIn page, or other online presence.*

6. Will you be partnering with other organizations on your proposed Community Activation? *If yes, list them here and briefly explain their role. If no, put N/A.* [2,000 characters maximum]

7. Has your organization previously received grant funding from an external source?

- No, this would be our first external grant.
- We have some grant experience, but this is our first focused on vaccines and vaccine-preventable diseases.
- Yes, we have received grant funding before.
- Other

8. Has your organization previously received funding from Vaccinate Your Family?

- No
- Yes

9. Please further describe your responses to questions #7 and #8 above. *If you answered no to the above questions, please put N/A.* [2,000 characters maximum]

10. How did you hear about this opportunity? *Your response will help us strengthen future outreach efforts.*

Section 2: Individual Representative

Note: The individual representative must have an existing affiliation with the applying organization, but such affiliation does not have to be formal employment.

11. First and Last Name

12. What is your role or affiliation with the applying organization? *Select all that apply.*

- Advocate / Storyteller
- Board Member / Advisor
- Community Partner / Advisor
- Community Volunteer
- Employee / Contractor
- Founder / Director
- Other

13. Please further explain your role or affiliation.

14. Please provide a publicly accessible link that verifies your affiliation with this organization. *For example, a link to your LinkedIn profile, website biography or story, social media posts, or published writing.*

15. Primary Email Address: *This is how we will contact you about the status of your organization's application.*

16. Secondary Email Address: *Optional: You may provide a second email address to be copied on all communications about the status of your organization's application.*

17. Phone Number

18. Have you or your organization previously engaged with Vaccinate Your Family's work or the SQUAD™ advocacy program?

- No
- Yes

19. If yes, please describe your prior engagement in detail. [2,000 characters maximum]

20. What areas of potential partnership or collaboration can you envision with Vaccinate Your Family, SQUAD™, and/or Vaccination Collaborative communities over the long-term (other than via the Community Activation Award)? [2,000 characters maximum]

21. Do you or your community have a personal story about vaccines or vaccine-preventable diseases that you would be willing to share publicly? *Storytelling is the heart of the SQUAD™ program, including for our Community Activation Awards.*

- No
- Yes

22. Tell us more about that story. *What would it focus on? Who is involved? When and where did it take place? Why does it matter? If you selected no, please put N/A.* [2,000 characters maximum]

Section 3: Proposed Community Activation

Note: Community Activation Awards are intended for localized, context-specific ideas implemented by trusted organizations with direct community relationships.

23. Community Activation Title

24. Community Activation Proposal Summary: *Briefly summarize what your Community Activation will do and why it matters. What services or support will you provide? Whom do you serve? What problem does your program address?* [2,000 characters maximum]

25. Will your Community Activation have a direct health or social service delivery component? *For example, services like preventative health screenings, mobile vaccination clinic, or food and housing assistance.*

- No
- Yes
- Maybe - Additional Support Needed

26. Where will your Community Activation primarily take place? *If your Community Activation will occur in multiple places, please include that information in your uploaded project proposal.*

27. Desired Funding Amount (maximum: $8,000): *Please input a number from 1000-8000 in the box below.*

28. Full Project and Budget Proposal [File Upload]

This proposal should be no longer than 3 pages maximum and formatted to be single-spaced, 11-point font, and 0.5-inch margins. It must include the following eight sections:

1. *Organization Name*
2. *Community Activation Title*
3. *Project / Initiative Description*
4. *Community Need*
5. *Anticipated Change*
6. *Community Partnerships*
7. *Evaluation / Sustainability*
8. *Budget Justification [Including Cost Breakdown]*

For more information, please see the Community Activation Award Guidelines.

29. Which of Vaccinate Your Family's priority partnership areas does your Community Activation align with? *Select all that apply. For more information on these priority partnership areas, please see the Community Activation Award Guidelines.*

- Addressing Unmet Vaccination Needs across the United States
- Reducing Chronic Burdens from Vaccine-Preventable Diseases
- Reimagining Future Public Health and Immunization Systems

30. Explain how your Community Activation will contribute to the priority partnership area(s) you selected above. *Please specify who your Community Activation will serve, and why you are prioritizing them. Be specific about the community members, populations, or groups you will reach.* [2,000 characters maximum]

31. How will these community members, populations, or groups be involved in shaping your Community Activation? *Select all that apply.*

- Community Advisory Board or Council
- Community Members as Staff / Volunteers
- Ongoing Feedback Mechanisms (e.g., surveys, focus groups, etc.)
- Regular Partner / Community Meetings
- Other

32. What local organizations would you like to engage or support your Community Activation?

- State or Local Government
- Direct Healthcare or Social Services Provider
- Local Business or Company
- Nonprofit or NGO
- School, College, or University
- Other

33. Please specify further your responses to Questions #31 or #32.

34. What is your vision for your Community Activation beyond the grant period? *Select all that apply.*

- Continue collaborating with partners on other initiatives
- Continue the work with other funding sources
- Integrate into an existing program or initiative
- Scale to reach more community members
- Transfer leadership to another organization
- Use this as a pilot for something larger
- Other

35. Briefly describe this vision in more detail. [2,000 characters maximum]

Section 4: Final Submission

36. Additional Information: *Optional: Is there anything else you would like to share with us as part of your application?* [2,000 characters maximum]

37. Confirmation: *Please check off each of the following to confirm that your application is complete and ready to submit.*

- I have read and agree to the Community Activation Award Guidelines.
- I confirm that I have permission from the organization for which I am applying as a representative.
- I confirm that all information in this application is accurate.
- I have completed all required questions and uploaded all required documents.
- I understand that Vaccinate Your Family may not provide detailed feedback if my application is not selected, but I can reapply next year (funding dependent).

38. Sign Your Name: Make sure to click “save” signature in the bottom right once you have signed.

39. Write Your Name

40. Enter Today's Date

Thank you!

Thank you for applying! You can download a copy of your responses below. If you have any outstanding questions, please reach out to partnerships@vaccinateyourfamily.org.